

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036774

STATE FILE NUMBER

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 172

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 2 1963

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lebanon</u>		c. CITY OR TOWN <u>Phillipsburg</u>	
Length of stay in 1b. <u>30 min</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Wallace Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>No St. address</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Norris</u> Last <u>Pierce</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>27</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/27/1896</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Bus Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Long Lane Mo. U. S. A.</u>	
13a. FATHER'S NAME <u>Hubert Pierce</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Jane Massie</u>		14. NAME OF HUSBAND OR WIFE <u>Agnes Pierce</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>yes word was I</u>			16. SOCIAL SECURITY NO. <u>[redacted]</u>		
17. INFORMANT <u>Agnes Pierce Phillipsburg Mo</u>			Address <u>[redacted]</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10:45</u> a.m. <u>P.</u> Month, Day, Year <u>9/27/63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>9/27/63</u>		20f. CITY, TOWN, OR LOCATION <u>9/27/63</u>	
20g. COUNTY <u>9/27/63</u>		20h. STATE <u>9/27/63</u>	
21. I attended the deceased from <u>9/27/63</u> to <u>9/27/63</u> and last saw him alive on <u>9/27/63</u> Death occurred at <u>10:45 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. H. Johnson</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Lebanon, Mo.</u>	
22c. DATE SIGNED <u>9/29/63</u>			

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/1/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery near Long Lane Mo.</u>	23d. LOCATION (City, town, or county) (State) <u>[redacted]</u>
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24. FUNERAL DIRECTOR <u>Dorsey M. Howe Lebanon, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-30-1963</u>	26. REGISTRAR'S SIGNATURE <u>Idella L. May</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300 Rev. 4/59	1 0535	2 0530	3	4 0	5 1	6	7 0	8 2	9 4201	10	11	12 1-0	13 1-0
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NOV 8 1963

OCT 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Ammit Journal - 9-30-1963 - W.A.R.H.